

**URBAN DISTRICT OF ROTHWELL**

# **ANNUAL REPORT 1966**


**Medical Officer of Health and Senior Public Health Inspector**



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## ROTHWELL URBAN DISTRICT COUNCIL

Chairman of the Council:  
Councillor Mrs M. Daniels

Vice-Chairman:  
Councillor A. Green

### Public Health Committee

Chairman: County Councillor A. Wright  
Vice-Chairman: County Councillor Mrs D. Hardwick

Councillor S. Ashton

Councillor Mrs M. Daniels

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Councillor C. Gosney

Councillor Mrs L. Haywood

Councillor Mrs R. Lund

Councillor Mrs R.A. Moss

Councillor J. Senior

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ANNUAL REPORT  
of the  
MEDICAL OFFICER OF HEALTH  
1966

To the Chairman and Councillors

In my first Annual Report to you, I have to record facts and figures relating to the year previous to my appointment. With your agreement, the Report is in a new Form. Divisional matters form the first section, allowing comparisons to be made between the three Urban Districts that constituted Health Division 16 of the West Riding County Council. While I have kept these matters brief, I feel that they should not be omitted as you would wish to know something of the major provisions of your Local Health Authority.

The second section relates to District matters; my sanitary Report and that of the Senior Public Health Inspector.

W. Duncan Dolton  
Medical Officer of Health.

Autumn, 1967



TABLE 1  
PRINCIPAL VITAL STATISTICS FOR THE YEAR 1966

		Rothwell Urban District	Garforth Urban District	Stanley Urban District	Division 16
Population (Mid-year 1966)		26,950	18,870	18,770	64,590
Live Births	Total	459	493	372	1,324
	Legitimate	441	475	354	1,270
	Illegitimate (% of total)	18(3.9%)	18(3.7%)	18(4.8%)	54(4.1%)
Stillbirths		11	8	6	25
Deaths of Infants	Total	7	4	5	16
	Legitimate	6	4	5	15
	Illegitimate	1	0	0	1
	Under one week	6	2	4	12
	Under four weeks	6	2	4	12
	Under one year	7	4	5	15
Deaths (All causes)		425	172	216	813

CRUDE AND ADJUSTED RATES

Live Births	17.0	26.1	19.8	20.5
Live Births (adjusted)	17.4	24.8	19.6	—
Illegitimate births	0.7	1.0	1.0	0.8
Death	15.8	9.1	11.5	12.6
Death (Adjusted)	11.8	12.1	13.5	—
Maternal Mortality	0.0	0.0	0.0	0.0
Stillbirths	23.4	16.0	15.9	18.5
Perinatal Mortality	36.2	20.0	26.5	27.4
Neo-natal mortality	13.1	4.1	10.8	9.1
Early neo-natal mortality (Under one week)	10.9	4.1	10.8	8.6
Infant Mortality :				
All infants per 1,000 live births	15.3	8.1	13.4	12.1
Legitimate infants per 1,000 legitimate live births	13.6	8.4	14.1	12.0
Illegitimate infants per 1,000 illegitimate live births	55.5	0.0	0.0	18.5
Tuberculosis, respiratory	0.0	0.0	0.0	0.0
Tuberculosis, other	0.0	0.0	0.0	0.0
Tuberculosis, all forms	0.0	0.0	0.0	0.0
Cancer	1.93	2.07	1.76	1.92
Vascular lesions of the nervous system	3.45	1.32	1.76	2.34
Heart and circulatory disease	5.38	3.34	4.32	4.47
Respiratory	3.12	1.17	1.76	2.15
Comparability Factors :				
Births	1.02	0.95	0.99	
Deaths	0.75	1.33	1.17	

All the maternal mortality, stillbirth and perinatal mortality rates are per 1,000 live and still births.



# DIVISIONAL VITAL STATISTICS

The Birth Rate for the Division as a whole was 20.5 per thousand inhabitants, as compared with the National average of 17.7. The high crude rate for Garforth is notable and, even when adjusted for its young population, is considerably higher than the National average.

The Death Rates are very near to the National Rate of 11.7. Deaths are now almost confined to the first year of life and late middle age and onwards.

TABLE 2  
RECORD OF DEATHS IN AGE GROUPS — 1966

AGE	ROTHWELL U.D.			GARFORTH U.D.			STANLEY U.D.		
	M	F	Total	M	F	Total	M	F	Total
Under 1 year	4	3	7	2	2	4	1	4	5
1 — 5 years	1	3	4	—	1	1	—	—	—
5 — 10	1	—	1	1	—	1	—	—	—
10 — 15	1	—	1	—	—	—	—	—	—
15 — 20	5	—	5	—	—	—	—	—	—
20 — 25	1	—	1	—	—	—	—	—	—
25 — 35	2	1	3	3	—	3	5	—	5
35 — 45	5	4	9	2	1	3	5	2	7
45 — 55	7	6	13	11	8	19	12	8	20
55 — 65	41	23	64	22	13	35	21	15	36
65 — 70	30	18	48	14	4	18	13	11	24
70 — 75	30	35	65	9	11	20	26	8	34
75 — 80	23	38	61	17	12	29	16	21	37
80 — 85	20	44	64	11	13	24	14	14	28
85 — 90	12	43	55	5	6	11	5	4	9
Over 90 years	6	18	24	2	2	4	2	9	11
	189	236	425	99	73	172	120	96	216

The dramatic change in the causes of adult deaths is clearly shown in Table 3, the only infectious disease deaths being those of the respiratory tract — influenza, pneumonia and bronchitis, the great killers of today being cancer and diseases of the heart and circulation. 28 persons — 23 of them men — lost their lives from cancer of the lung, and 11 women from cancer of

the breast. It is to be hoped that increasing health education for the prevention and early detection of these cancers will be successful. 440 persons were certified as dying with diseases of the heart and circulation. While there are differences in the numbers of notifications in the Urban Districts, it should be borne in mind that St George's Hospital, situated in Rothwell, is often the final home of many elderly folk, most of whom were previously resident outside the area.

TABLE 3

CAUSES OF DEATH 1966	Rothwell U.D.		Garforth U.D.		Stanley U.D.	
	M	F	M	F	M	F
1 Tuberculosis, respiratory	—	—	—	—	—	—
2 Tuberculosis, other	—	—	—	—	—	—
3 Syphilitic disease	—	—	—	—	—	—
4 Diphtheria	—	—	—	—	—	—
5 Whooping Cough	—	—	—	—	—	—
6 Meningococcal infections	—	—	—	—	—	—
7 Acute Poliomyelitis	—	—	—	—	—	—
8 Measles	—	—	—	—	—	—
9 Other infective and parasitic diseases	1	—	—	—	—	—
10 Malignant neoplasm, stomach	7	3	3	2	2	4
11 Malignant neoplasm, lung, bronchus	8	1	11	1	4	3
12 Malignant neoplasm, breast	—	7	—	2	—	—
13 Malignant neoplasm, uterus	—	2	—	—	—	—
14 Other malignant and lymphatic neoplasms	9	13	13	7	9	—
15 Leukaemia, aleukaemia	—	2	—	—	—	—
16 Diabetes	—	1	1	2	—	—
17 Vascular lesions of nervous system	31	62	14	11	18	15
18 Coronary disease, angina	47	40	19	18	37	12
19 Hypertension with heart disease	1	2	—	3	—	3
20 Other Heart disease	14	31	9	6	8	15
21 Other circulatory disease	2	8	3	5	2	4
22 Influenza	—	1	1	—	—	—
23 Pneumonia	20	33	6	4	3	3
24 Bronchitis	20	9	9	1	16	6
25 Other disease of the respiratory system	1	—	1	—	2	3
26 Ulcer of the stomach and duodenum	2	2	—	—	1	1
27 Gastritis, enteritis and diarrhoea	1	—	1	1	—	—
28 Nephritis and nephrosis	—	—	—	2	2	2
29 Hyperplasia of prostate	1	—	—	—	—	—
30 Pregnancy, childbirth, abortion	—	—	—	—	—	—
31 Congenital malformations	2	—	—	1	—	2
32 Other defined and ill-defined diseases	12	15	3	4	7	11
33 Motor vehicle accidents	7	—	3	—	3	—
34 All other accidents	2	4	2	1	5	—
35 Suicide	1	—	—	2	1	1
36 Homicide and operations of War	—	—	—	—	—	—
ALL CAUSES	189	236	99	73	120	96

It is pleasing to record an Infant Mortality Rate for the Division of 12.1 per one thousand live births. This is considerably better than the National figure of 19.0. There is, however, a slight excess of very early deaths of infants in the Rothwell Urban District. Of the 16 children who died in the first year of life, six were born with congenital abnormalities not compatible with a long continued existence.

TABLE 4  
INFANT MORTALITY IN 1966

Deaths from Stated Causes under One Year of Age											
Cause of Death		Under 1 week	1 – 2 weeks	2 – 3 weeks	3 – 4 weeks	Total under 1 month	1 – 3 months	3 – 6 months	6 – 9 months	9 – 12 months	Total under 1 year
ROTHWELL U.D.	Pulmonary Atelectasis										
	Multiple Congential abnormalities	2	—	—	—	2	—	—	—	—	2
	Gastro enteritis	—	—	—	1	1	—	—	—	—	1
	Shock and Asphyxia	1	—	—	—	1	—	—	—	—	1
	Renal failure ) Broncho-pneumonia)	—	—	—	—	0	1	—	—	—	1
	Hypoplasia of lungs Eventration of L.Cupola diaphragm	1	—	—	—	1	—	—	—	—	1
GARFORTH U.D.	Prematurity Pre-viability Pre-eclampsia	1	—	—	—	1	—	—	—	—	1
	Hydrocephalus and associated abnormalities	2	—	—	—	2	—	—	—	—	2
	Gastro-enteritis	—	—	—	—	0	1	—	—	—	1
	Haemorrhagic broncho-pneumonia	—	—	—	—	0	—	1	—	—	1
	Broncho-pneumonia										
	Mongolism	—	—	—	—	0	—	1	—	—	1
STANLEY U.D.	Acute liver necrosis	1	—	—	—	1	—	—	—	—	1
	Atelectasis	1	—	—	—	1	—	—	—	—	1
	Cerebral haemorrhage										
	Meningo myelocoele	1	—	—	—	1	—	—	—	—	1
	Extreme prematurity Birth weight 1 lb. 12 ozs.	1	—	—	—	1	—	—	—	—	1

INFECTIOUS DISEASES

As noted above, from Table 2, there were few deaths from Infectious Disease during the year. The number of notifications can be noted from Table 5: it will be seen that the only disease notified at all commonly is Measles. At the time of writing it is hoped that protection against this illness will be available in the near future.

TABLE 5  
INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1966

		Total all ages 1964	Total all ages 1965	Total all ages 1966	Under One year	1 — 4 years	5 — 14 years	15 — 44 years	45 — 64 years	Over 65 years	Age unknown	Cases sent to Hospital, 1966	Deaths, 1966
Disease													
ROTHWELL U.D.	Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
	Scarlet Fever	11	42	63	—	22	39	2	—	—	—	—	—
	Pneumonia	30	13	7	—	—	—	—	3	4	—	1	53
	Acute Anterior Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
	Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—
	Erysipelas	9	7	7	—	—	—	—	3	2	2	—	—
	Whooping Cough	36	12	17	4	7	3	2	1	—	—	—	—
	Measles	242	291	210	5	129	75	1	—	—	—	—	—
	Sonne Dysentery	21	22	12	1	3	—	3	4	—	1	—	—
	Food poisoning	2	—	1	—	—	1	—	—	—	—	—	—
	Puerperal Pyrexia	5	3	1	—	—	—	1	—	—	—	—	—
	Observation	31	34	66	22	9	7	7	5	16	—	66	1
GARFORTH U.D.	Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
	Scarlet Fever	27	7	33	2	10	19	1	—	—	1	—	—
	Pneumonia	1	—	1	—	—	—	1	—	—	—	—	10
	Acute Anterior Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
	Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—
	Erysipelas	1	1	1	—	—	—	—	1	—	—	—	—
	Whooping Cough	13	4	6	1	3	2	—	—	—	—	—	—
	Measles	56	91	158	5	98	53	—	—	—	2	—	—
	Sonne Dysentery	—	—	—	—	—	—	—	—	—	—	—	—
	Food Poisoning	1	—	—	—	—	—	—	—	—	—	—	—
	Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—
	Observation	7	12	17	4	2	—	4	3	4	—	17	1
STANLEY U.D.	Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
	Scarlet Fever	3	19	15	—	4	11	—	—	—	—	—	—
	Pneumonia	4	5	—	—	—	—	—	—	—	—	—	6
	Acute Anterior Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
	Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—
	Erysipelas	—	1	—	—	—	—	—	—	—	—	—	—
	Whooping Cough	11	—	2	—	2	—	—	—	—	—	—	—
	Measles	46	190	91	7	58	26	—	—	—	—	—	—
	Sonne Dysentery	—	—	—	—	—	—	—	—	—	—	—	—
	Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—
	Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—
	Observation	5	9	12	6	3	—	1	1	1	—	12	—
TOTAL													



As will be seen from Table 7, there were 8 new cases of pulmonary tuberculosis, and one case of non-pulmonary notified during the year, compared with 14 pulmonary and 1 non-pulmonary in 1965. The number of cases on the Registers at the end of the year were:

TABLE 6				
District	Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females
Rothwell U.D.	52	27	12	3
Garforth U.D.	21	18	1	4
Stanley U.D.	7	10	2	1
Total	80	55	15	8

TABLE 7						
TUBERCULOSIS — NEW CASES NOTIFIED DURING 1966						
Age	ROTHWELL U.D.		GARFORTH U.D.		STANLEY U.D.	
	Pul-monary		Pul-monary		Pul-monary	
	M	F	M	F	M	F
0 — 1 year	—	—	—	—	—	—
1 — 5 years	—	—	—	—	—	—
5 — 10 years	—	—	—	—	—	—
10 — 15 years	—	—	—	—	—	—
15 — 20 years	—	—	—	—	—	—
20 — 25 years	—	—	—	—	—	—
25 — 35 years	4	—	—	—	—	1
35 — 45 years	1	—	—	1	—	—
45 — 55 years	—	—	—	—	—	—
55 — 65 years	1	—	—	—	—	—
Over 65 years	—	—	—	—	—	—
Totals	6	—	—	1	—	1

## PERSONAL HEALTH SERVICES

**Care of Mothers and Babies** — It has been realised for many years that a lack of skill in the person conducting a confinement can have tragic and life-long results for the baby. The training and supervision of Midwives now ensures that not only care at the confinement, but in the pregnancy and post-natal period are also of the best. Only in this way can we ensure the best possible health of mothers and babies. Recently there has been a call by some for all deliveries to take place in Hospital. Even if this is desirable, it will not be attainable for many years to come and the Divisional Domiciliary Midwifery Service will continue not only to provide expert ante- and post-natal care, but to conduct deliveries in the home. It is a cause for concern that four out of ten mothers in the Division are still confined in their own homes. The accepted National figure is that seven out of ten should have Hospital confinements. It is probable that with the housing and social conditions of the area that even this figure is too low for the local situation. From the following Table will be seen the numbers of deliveries at home and in hospital for the three Urban Districts, and the percentage of home confinements.

TABLE 8

District	Domiciliary Deliveries	Hospital Deliveries	Percentage of Domiciliary Deliveries
Rothwell Urban District	182	288	38.7
Garforth Urban District	202	299	40.3
Stanley Urban District	194	184	50.1
Total for Division	578	771	42.8

The responsibility for the care of the baby becomes that of the Health Visitor on the eleventh day. She will give advice on all aspects of the care of the baby. At three months immunisation against Infectious Diseases is undertaken by the family doctor or Clinic and it is the Health Visitor who will, in many cases continue to supervise the health of the child through the school years. During the year, Health Visitors visited 6,340 children under the age of 5. They also visited, of course, expectant mothers and the aged. A prime duty is Health Education to all sections of the community.

**Care of the Pre-School Child** — Increasing concern is being felt at National level at the lack of amenities for the pre-school child. There is no registered child minder in the Division, but it is, of course, the unregistered child minder who is the cause for concern. The Co-ordinating Committee for the care of children neglected or ill-treated in their own homes met once during the year. Health Visitors work closely with their colleagues in the N.S.P.C.C. and the Children's Department.

**Care of the School Child** — During the year, 1,936 pupils received a full medical examination. It is no cause for pride that in only 23 of these was their physical condition considered unsatisfactory. Any one of these should be considered a disgrace in a Country of our standards of living. 1,239 pupils were not considered to warrant medical examination under the scheme in which the Medical Officer assesses report from the parents, teachers and school nurses — a considerable increase on 1965 (756). School Nurses undertook 22,438 examinations and found 220 pupils infested.

While the family doctor rightly assumes the greater responsibility for the care of the general health of the school child, the School Medical Service concentrates on those defects liable to have a detrimental effect on education. Most obvious of these are defects of vision and hearing. 655 children were treated for errors of refraction (including squint) and 389 had spectacles prescribed. There were 11 children known to be in schools with hearing aids and 3, out of 844 six to seven year olds routinely tested for hearing, were referred during the year for special hearing tests. Two other children were referred for other reasons.

While some children fail to benefit from school from a physical defect, e.g. deafness, others do not do so because of limited intelligence. There were 45 children known to require special educational treatment for mental handicap.

It is possible that children who have neither physical nor mental defect may also not get on well at school. It is often found that they have an emotional problem and 63 pupils were treated at Child Guidance Clinics during the year at the Central Clinic, Oulton Lane, Rothwell.

**Care of the Aged** — As years pass, an increasing proportion of the Home Nurses' time is spent in caring for the aged. 38,276 visits were paid by Home Nurses during the year and of these 25,008 were to the aged. Chiropody is also provided

**Home Helps** — Home Helps also do not exclusively care for the elderly but, the vast majority of the hours worked is spent with those aged 65 or over. The 72,215 hours employed were worked by 113 Home Helps.

The incontinent pad service continues to be widely used and much appreciated.



# PREVENTION OF DISEASE

The Local Health Authority Services have long been known as the preventive medical services. It is encouraging to see our colleagues in Hospital and general practice becoming increasingly involved in preventive medicine. There are three main fields in the prevention of disease other than that of sanitary hygiene — Immunisation, Health Education, and pre-symptomatic detection of abnormalities.

**Immunisation** — From the tables 9, 10 and 11 can be seen the number of children immunised against Diphtheria, pertussis, tetanus, poliomyelitis, smallpox. B.C.G. is routinely given to children before leaving school to give added protection against Tuberculosis. It is also given to children irrespective of age who are contacts of known cases of Tuberculosis. This work continues to be of vital importance in the saving of lives.

TABLE 9

Primary Immunisation Course	Children born in year —					Total
	1966	1965	1964	1963	pre-1963	
Poliomyelitis	485	743	82	39	117	1,466
Diphtheria	525	542	46	14	113	1,240
Pertussis	525	542	42	14	28	1,151
Tetanus	525	542	46	14	288	1,415

TABLE 10

Re-inforcing Doses	Children born in year —					Total
	1966	1965	1964	1963	pre-1963	
Poliomyelitis	—	22	—	—	866	888
Diphtheria	—	64	15	5	1,078	1,161
Pertussis	—	61	11	5	23	100
Tetanus	—	64	15	5	690	774

TABLE 11

## Smallpox Vaccination

Age at date of Vaccination	Number of Persons Vaccinated (or Re-vaccinated) during year	
	Number Vaccinated	Number Re-vaccinated
0 — 3 months	4	—
3 — 6 months	21	—
6 — 9 months	38	—
9 — 12 months	60	—
1 year	418	—
2 — 4 years	101	1
5 — 14 years	51	12
Total	693	13

**B.C.G. Vaccination** — 386 school children were vaccinated. Vaccination is also given to children, irrespective of age, who are contacts of known cases of Tuberculosis and 30 children were vaccinated during the year.

**Health Education** — Health education has been given by Midwives, Health Visitors and Public Health Inspectors. While it is hoped that all expectant and young mothers and school children receive Health Education, the rest of the population usually only occasionally gets advice on health matters. An encouraging feature is the increase of National health education campaigns utilising posters and television. There is a need for continued health education to the young about the dangers of smoking, and to the adult population on the hazards of atmospheric pollution by smoke, and the prevention of dental caries by the adjustment of the natural fluoride concentration in the drinking water.

**Early detection of Disease** — Mass Chest X-ray has long been accepted as a useful tool for the discovery of tuberculosis before the disease has given rise to symptoms. The reduction in tuberculosis must, in part, be ascribed to this Service.

Recently attention has been focussed on cervical cytology as a means of detecting cancer of the womb. It is hoped that in the future much ill-health will be prevented by the early detection and arrest of the disease processes. It would seem that the Local Health Authority is well placed to make the necessary administrative arrangements for such services.

## **ENVIRONMENTAL HEALTH SERVICES**

### **SANITARY INSPECTION OF AREA**

#### **Infectious Disease Prevention**

Inspections	9
Disinfections	0

#### **Milk and Dairies**

Inspection of Dairies (Under the jurisdiction of W.R.C.C.)	Nil
---	-----

#### **Food and Drugs Inspection**

Meat Inspection	242
Food Inspection	28
Water Sampling	1

#### **Housing**

Houses inspected and recorded	671
General Surveys	1,438
Public Health Act Inspections	1,057
Re-visits	353

#### **Offensive Trades**

Inspections of Fat Refining Premises	4
--------------------------------------	---

#### **Sanitary Matters**

Inspections for Verminous Premises	12
Inspections for Rat Infestations	729
Inspections for New Drains	352
Clean Air Act	635
Inspection re refuse removal and disposal	323
Factories and Workshops	20
Tents, Vans and Sheds	10
Number of Statutory Notices (Housing Act and Public Health Acts)	47
Number of Nuisances abated on serving Statutory Notices (Public Health Acts)	26

**Sanitary Circumstances** — Housing continues to have a greater effect upon the health of the population than any other single environmental factor. There were 9,386 dwelling houses in the District in the year, of which 160 were back-to-back. A number of these have been represented as unfit, but it was felt that, at the end of the year there were 185 unfit dwellings in respect of which no representations had yet been made. There were 93 houses in Clearance Areas or unfit elsewhere. 72 houses were demolished in the year under review, while 72 were made fit and 21 other houses had defects remedied.

During the year, 60 families were re-housed from Clearance areas and 55 to relieve overcrowding.

It is pleasing to record that 123 new buildings were completed by private enterprise and 115 by the Local Authority.

46 improvements were completed during the year, while 52 applications were received and approved.

Further comments on Housing and Slum Clearance will be found in the Senior Public Health Inspector's Report.

**Water Supply** — The whole of the water used domestically in this area is supplied by Leeds Corporation. The quality is satisfactory and the quantity has generally been adequate throughout the year. A Report is appended and it will be noted that although the free ammonia content is high, this has been noted on previous occasions in certain areas in Rothwell. The other figures are indicative of water of good organic purity.

**Certificate of Water Analysis**

Smell	Nil
Colour (Hazen)	5
Free Chlorine	0.44 parts per million
pH =	7.4

	Parts per million
Total Solids, dried at 180°C	250
Residue on ignition	—
Ammoniacal Nitrogen (as N)	0.26
Albuminoid Nitrogen (as N)	0.08
Nitrite Nitrogen (as N)	—
Nitrate Nitrogen (as N)	0.75
Chlorine present as Chloride (as Cl)	36
Oxygen absorbed in 4 hours at 27°C	0.9
Temporary Hardness (as CaCO <sub>3</sub> )	22.5
Permanent Hardness (as CaCO <sub>3</sub> )	57.5
Total hardness (as CaCO <sub>3</sub> )	80.0
Metallic contamination — Iron	0.15



**Sewage Disposal** — Mining subsidence continues to complicate sewage disposal. In addition, new building on low-lying land has led to complaints of gardens being flooded by sewage in times of heavy rainfall.

**Factories, Workshops and Outwork** — There were 88 premises on the Register at the end of the year and 30 inspections were made. No defects were found. There was only one Outworker on the August List.

These and other aspects of environmental hygiene are dealt with more fully in the following report of the Senior Public Health Inspector, who is also Cleansing Superintendent.

It is with deep regret that I record the sudden death of Thomas Wilson, whose Report follows. He has, for 35 years, given loyal and able service to the Council and the people of Rothwell. This last Report is filled with an energy and enthusiasm which the passage of time has not dimmed.

**ANNUAL REPORT**  
of the  
**SENIOR PUBLIC HEALTH INSPECTOR**  
and  
**CLEANSING SUPERINTENDENT**  
for the year  
**1966**

To the Chairman and Members of the  
Rothwell Urban District Council

Ladies and Gentlemen,

I now beg to present my 35th Annual Report of the Health and Cleansing Department, for your information and, I hope, approval.

Reports like these, coming as they do at the end of a period, in some cases considerably after the end, are merely an account of what was done and the things in which we took great pride at the time are now often commonplace.

Following my usual practice I divide the work of the two Departments under special headings, each of which are commented on for your information.

**HOUSING**

In this field we spend a great deal of time and do a lot of work, much of which falls to the District Inspectors, that of Slum Clearance is routine and commonplace, resulting only in the sudden, rather fleeting, joy on the part of families who, as the result of our labours, become the occupiers of Council Houses.

Although the improvement is positive the appreciation is transient and I notice that new tenants soon equal the older ones in their subsequent complaints to this Department or to the Housing Department, about conditions which in the past they envied. This I suppose, is life and our satisfaction is in the fact that we have improved another section of our district.

The most striking individual factor has been the representation of 144 back to back houses, about which I commented last year. These were represented on what I think were bold lines. We ignored the structural conditions, the quality of repair and so on and merely stated that the houses were back to back therefore lacking in through ventilation, they were overcrowded on site being often at the rate of 80 houses to the acre, the sanitation was insufficient in that the occupiers of the houses had to pass several other houses to their particular convenience.

Some years ago I did have a thought that these houses, like many other back to backs in neighbouring cities, might have been saved by the introduction of "improved ventilation" and this scheme might well have gone forward but for the fact that one of the members of an interested housing trust unfortunately died and the chain of investigation was broken.

Looking back now I am glad that we had second thoughts on the problem. The more I see of back to back houses the more I am convinced that there

is only one possible solution; (their entire removal) and although I realise that in other places where the problem is greater than ours they may have to think differently, I am sure that my scheme is the proper one and in this I found great satisfaction from the support given to me by the officials, who were concerned with the matter and the members of the Health Committee and Council, who ultimately had to give their approval to my fairly radical requests.

I anticipated many objections and many fights at the Inquiry but to my great surprise there was only one objection from a shop keeper, not on housing grounds but for business reasons and this did not prove any great difficulty.

From this we look forward to the time when houses are available, when we shall eliminate the whole of the back to back houses in the district, in particular the balance left in Stourton, where again I had thought of suggesting the conversion of some of the larger back to back type houses but now I am convinced that Representation for the total removal is the proper and in fact the only adequate course.

## **CLEAN AIR AND CLEAN AIR ZONES**

As I intimated in my last report, our largest Area to date was put in hand during 1966 and this, No. 8 Area, completes the whole of the Rothwell North Ward, being 639 acres in size and containing 1,827 houses, of which approximately half are Council houses.

The preparatory work involved a tremendous amount of detail although we have not, as in previous Clean Air Zones, inspected every house individually. We base our estimates and calculations which are required by the Ministries concerned, on our experience of the various areas which we have already undertaken and of which seven were, after July 1965, in full operation.

Because of the size of this Area, the final date, that is the date after which to emit smoke will be an offence, was fixed as the 1st September, 1967, but we regard this as 1966 development and in point of fact many houses were converted soon after authority was given and we have had several applications for grant for work done in the interim period between the Council declaring the Area and its approval by the Ministry.

The Council, again through the Housing Department and the Housing Manager gave full support to the project although, as the owners of almost half the houses in the Area, they knew they were taking a big job but they have been most helpful and have been concerned in four of the seven areas already declared.

Two more Areas, 9 and 10, which were at the time of representation, proposed building sites, were included and one of these became operative from the 1st December in the year under review, the other in February, 1967. These did not require a great deal of preparatory work but they were a source of satisfaction to me as well as to the builders and intending purchasers because they knew just what would be required of them before the final arrangements were made.



As houses built after 1964 cannot qualify for grant we secured a bigger advantage for ourselves and a financial advantage to the purchasers because, had they been made smokeless areas subsequently, the owners might have had to make conversions at a cost to themselves.

At the end of the year we had completed and implemented ten areas totalling 1,612 acres and 3,809 houses, a position of which we are intensely proud.

We are, in fact, keeping up to the terms of our Schedule given to the Ministry in 1962 although we have varied the details here and there.

In No. 8 Area, which is, as in all future areas, a hard coke area, new Legislation gave power to include for grant purposes, room heaters, closed or openable stoves (call them what you will) which are the most efficient way of burning hard coke, but much more expensive and the total cost of the areas is subsequently increased. However, we have come to a stage where economical factors are possibly of the least importance.

The trend, even in spite of the cost, and one must remember three tenths of the cost falls on the occupier (apart from the mining fraternity who to enjoy the advantage gained from their employment must opt for hard fuel appliances) is away from hard fuel and towards piped fuels, in particular gas, which is readily available and from the developments in the North Sea looks as though it will be in plentiful supply and possibly cheaper in the next decade or so.

The long awaited 'open hearth' fuel promised by one of the national fuel undertakings has not materialised. This has caused a feeling of frustration but I am sure it was unavoidable as the makers are as eager to get it developed and on sale as we are to have it.

I have continued to represent the Council on the West Riding Clean Air Advisory Committee and on the Yorkshire Branch of the National Clean Air Society, where our work, after long periods of setbacks and delays seems to be becoming more positive and effective in character.

**SHOPS ACTS**

We still continue to operate under the Offices, Shops and Railway Premises Act, 1963, but the work has not been so onerous this year as the bulk of the inspections were done in 1965. For the information of the Members I append the relative details taken from the Annual Return.

Premises Registered during the year	Total at year end	Registered premises receiving general inspection
7	116	32

**PUBLIC CONVENIENCES**

There are now seven public conveniences under the control of the Health Department and three provided and maintained by the Parks Department.

During the year we erected a convenience-cum-bus shelter at the Oulton roundabout, (part of a reconstructed road which is passing through our

district). The design, which was prepared in this office is novel and provides a compartment not open to the public, in which are housed all the working parts of the conveniences.

In accordance with the Ministry's instructions, hand washing facilities were fitted (consisting of foot operated hot water supply and hot air driers, with plunger type soap dispensers) and this, together with heavy glazed tiling and vandal proof appliances has done much to eliminate damage.

I had hoped that the high quality of convenience would deter vandalism altogether but I think it is true to say that in spite of the tiles and door furniture which have been removed there has been less damage than at the older type conveniences.

This particular structure, situated as it is on a link road, to the new motorway, should provide facilities which are so lacking on long distance journeys where most of the towns and villages have been by-passed.

It was hoped to erect a further convenience at Methley during the currency of the financial year 1966/67 but this, for various reasons, has not been possible but it will be erected about the middle of 1967.

## **PUBLIC MORTUARY**

Our single mortuary which serves the whole of the district has, as I forecast in the last Report, been altered beyond all recognition and there is now, in addition to the pathology room, a three tier refrigerator and what is more important, a viewing room where relatives and others concerned with identifying bodies, can do so in more congenial surroundings away from the operational part of the mortuary.

## **PREVENTION OF DAMAGE BY PESTS ACT**

During 1966, 729 Inspections were made, being investigation of all complaints which were received and treatment as required. Although the figures are slightly less than last year I do not think there is any great change in the problem.

One problem which has concerned us was that of rabbits. These complaints came to us incidentally but were referred to the Ministry of Agriculture, Fisheries and Food at Harrogate from where, in response to my requests, field officers were sent to investigate and who reported that the problem was not a very serious one, a statement which I personally disputed. The infestation spread to the Rothwell Park and here contracts were arranged for the elimination of the rabbits although progress has been somewhat retarded by the proviso stipulated by the lady members of the Council, that the rabbits had not to be shot.

## **NUISANCES**

Ice-cream vendors who have been the chief cause of legal noise nuisance seem to have quietened down, perhaps because of the prosecutions which were taken in the past.

One firm was summonsed together with the driver but it was an unfortunate case from the start and when it was eventually brought before the Court



(early 1967) the case was withdrawn on the advice of our legal representative as it had not been possible to trace the driver.

Complaints which we had received previously regarding mosquitoes were reiterated and although this is something which is not really the concern of this Council, we approached the owners of swampy parts in the area and these parts were treated in the orthodox way by spraying with light oil. This treatment was delayed in its application and the residents in Oulton and Woodlesford suffered in consequence.

The fouling of footpaths by dogs still continues and we continued to fix notices but these are removed very quickly by the vandal elements of the district and so I had further thoughts about the problem.

At the end of the year I had a stencil prepared and it is now the intention to stencil the message on to lamp posts. A report on this will be given next year. I do think however, that the publicity which has been given (the matter was reported in all the local papers and at least one national paper and received the attention of the B.B.C.) has served its purpose and although this horrible fouling does continue I see evidence that the dogs are being trained to avoid footpaths.

We have had the odd complaint regarding noise from a broiler house in the area and also one complaint against a firm who use scaffolding and similar equipment as part of their business. The metal structures have to be cleaned of cement from time to time and this resulted in complaints of the noise which arises from this operation. The matter is in hand and although I am not sure whether there is a sufficient nuisance to warrant steps, the firm themselves have been most co-operative.

This brings me to a point where I think the Town Planning Authority fall down. Both the broiler house and the factory referred to above have had Town Planning approval although they are in the centre of urbanised areas. It seems to me that the Planning Authority look more at the physical structure of the building rather than the ultimate use which will arise from the approval of the project and I feel that this should concern them more closely.

## **HEALTH PROPAGANDA AND INSTRUCTION**

We still accept for training in the fundamentals of our work, pupil Health Visitors from the Department of Preventive Medicine and Public Health, Leeds University. The time allowed (one day per student per course) is, as I have said before, far too short, but we do our best during that day to show them the aspects of our work which will help them in their professional life later on.

There is now a full set of advertisement boards belonging to the Council, and controlled by this department, erected in the Urban Area and these boards when not in use for their primary purpose (the exhibition of legal notices) display health propaganda. All the boards display the same posters simultaneously and so we get "shock" advertising.

## INCIDENTAL ACTIVITIES

The Scrap Metal Dealers' Act, which required the local authority to register people dealing in scrap metal, is operated by us and also the Game Licence Office of the County Council require a certificate from the local authority preparatory to supplying licences to sell Game.

## PUBLIC CLEANSING

The work in this field has shown remarkable fluctuation and although it is true to say that at the end of the year all the refuse in the district had been collected it does not indicate that this was taken in fifty two equal portions divided nicely and precisely into a seven days emptying, which I regard as being the desirable minimum.

It seems that since the shortening of the working week from forty five hours down by easy stages to its present figure of forty hours, it has been impossible to catch up. Perhaps another factor which we overlooked is that the number of houses increases yearly and what is perhaps a more cogent factor is that at the new type of dwelling the collection is not so easily performed as with the old type houses, particularly the long terraces of through and back to back houses where the refuse collection was done in part by the residents in so much as it was all deposited in either ashpits or dustbins at one or two central points; but, be as it may, these factors seem to combine themselves to prevent the old type of regular positive emptying, where at noon on Saturday (we used to work 5½ days a week in the good old days) all the dustbins and ashpits were emptied.

I do not think that our temporary failure to collect causes more than a passing inconvenience but this is an observation, not an excuse.

Added to this, the nature of the refuse has changed considerably. Modern improvements, in many cases brought about by our Clean Air Zones, mean that many houses have no solid fuel fires at all. The advent of plastic containers and nowhere to dispose of innumerable packages which come in the course of the daily occupation of a house provides a mass of light yet bulky material which in point of fact, it is difficult to confine in the normal 3¼ cu.ft. bin which is the Council's standard at the moment.

I have commented in previous reports, and I say here and now, that the time will come when containers of some light substance, presumably plastic or P.V.C. of larger capacity will be required. Indeed I am sure that in most cases, at the moment, the standard dustbin to BSS 792, weighing 28 lbs. with lid, is heavier than the week's refuse it contains.

We did one or two abortive experiments with paper sacks contained in dustbins in past years but during this year the Council have erected a few blocks of four storey flats and when I was asked for my advice on refuse collection I immediately suggested that holders suitable for taking paper sacks should be purchased and fixed on each landing.

The results were not entirely satisfactory for in point of fact I was not asked soon enough and we had to make do with what parts were left of the structure already erected but after a few teething troubles we made the



system work quite well and in the later flats, completed in 1967, proper structural arrangements were made for holding paper sacks, and the pattern now set will, I hope, continue.

In an attempt to overcome the back log of work a new refuse vehicle was purchased and this was a 50 cu.yd. dustless loading self packing machine which I think will set the pattern for our replacements. The work routine has been altered altogether by the use of this machine; instead of four or sometimes five trips to the disposal point each day it is big enough to hold a half day's collection and so the saving is enhanced by the fact that we cut out two or three journeys to the tip each day, a matter of one and a half hours, while the advantage gained by rear loading and constant compression is a wonderful improvement.

The use of this vehicle along with the smaller machines did raise problems, the men on the machines doing four or more trips to the tip realised that they were getting rests which the other men were not getting and they very quickly made jocular remarks to the annoyance of the other men. The only way to overcome this was to change the personnel round at the rate of two men per week and this means that in turn everyone will work on the bigger machine and so the quarrels are for the moment allayed.

Since dictating the above, the Report of the Working Party on Refuse Storage and Collection has been released with a fair amount of publicity on the B.B.C. and in the National Press.

A meeting of the Royal Society of Health on Refuse Collection, timed to coincide with the above, was held in London on 23rd May and this meeting I attended in company with the Chairman of the Health Committee.

Although this occurred in 1967 I felt that it was proper that comment be made on it now because it concerns the work of the past years.

The conclusions of the Working Party which are too lengthy to reproduce here, were very drastic and they said that only 44 authorities out of the whole number which were interviewed or had answered questions could be regarded as reaching the modest standard which the Working Party had fixed and the rest were in many cases hopelessly out of date.

Without wishing to appear too smug, I think that Rothwell (whether it was in the 44 or not) is not a long way behind the standards which coincide in parts with my previous remarks in this section of the Report.

From the point of improvement or implementing the terms of the Report it is my intention in a report to the Committee, to ask for more vehicles of the type referred to above and extension of the paper sack system. The two together should have the effect of meeting our labour problems and at the same time providing the hygienic standard which is so desperately required.

The substance of this Working Party Report and its effect will provide an item for comment in the 1967 report.

In most Departments it seems that there is a desire for overtime work and I would have been happy to pay overtime rates to keep the district to a seven day collection but our dustmen must be a peculiar lot because it is only with utmost difficulty I can get extra work out of them. Some men say they have

done enough when they have done an eight hour day and yet these men are the same who twelve months ago were working nine hours a day without undue fatigue.

My feeling is that with a wife working there is sufficient income into the house to meet the general requirements and the ever present burden of Income Tax stifles the desire to work more because there is a common feeling amongst the men that all overtime wages will go in Income Tax.

Following the indication I gave to you in my last Report regarding Waste Paper Collection, we have in fact almost ceased to collect paper as such on the normal rounds and the cleansing service has benefitted to some slight extent from this. We do a special waste paper collection from shops and stores in all parts of the district and this provides the bulk of the waste paper which is baled and sent to the merchants.

## **SEWERS and DRAINS**

We still perform our unusual but nevertheless useful function of unstopping drains and sewers on request, at the cost of the rates, and during the year under review 546 drains were so cleared. We still have difficulties with the sewer at Methley due to the protracted mining subsidence there and at the present moment there are two pumps lifting the sewage from sewers which are out of level to points where the sewage can flow away. The cost of this is borne by the National Coal Board.

## **FOOD and DRUGS**

During the early part of the year two slaughter houses, neither of them very large, continues to function without much trouble but in July 1966 the larger one of the two, operated by the local Butchers in unison, was closed down and so at the moment there is only one small slaughter house belonging to a pork butcher where a maximum of five pigs per week are slaughtered. Even this is subject to closure at holiday times and rush periods when the carcasses required for the business are bought from outside.

I foresee in the future that there will be no meat inspection required at slaughterhouses in this area.

The inspection of bacon imported from Ireland, which for some reason is not inspected at the port of entry, is carried out on notification from the Port Authority and we visit the large Buffer Depot where considerable quantities of preserved food of all descriptions are sorted and doubtful material put aside for our inspection.

Appended is the statistical record of meat and food inspected and the amount of material condemned, with the causes for this action.



DETAILS OF MEAT INSPECTION

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	279	Nil	Nil	1132	568
Number inspected	279	Nil	Nil	1132	568
All diseases except Tuberculosis and Cysticerci —					
Whole carcasses condemned	Nil	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned	93	Nil	Nil	Nil	70
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	33.74	Nil	Nil	Nil	12.32
Tuberculosis only :					
Whole carcasses condemned	Nil	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned	1	Nil	Nil	Nil	5
Percentage of the number in- spected affected with tuberculosis	0.36	Nil	Nil	Nil	0.88
Cysticercosis —					
Carcases of which some part or organ was condemned	Nil	Nil	Nil	Nil	Nil
Carcases submitted to treatment by refrigeration	Nil	Nil	Nil	Nil	Nil
Generalised and totally condemned	Nil	Nil	Nil	Nil	Nil

Food condemned as the result of Slaughter House inspection :

	Weight in lbs.
Abscesses	28
Cirrhosis	675
Distoma Hepaticus	427
Hepatitis	3
Pericarditis	2½
Pleurisy	10
Tuberculosis	100
Total	1,245½



Method of disposal of condemned food — to Knacker's yard for processing.

Other Food condemned as the result of Inspection at Shops and Ministry of Food Depot Inspections:

28,107 lbs

One licence was issued for the preparation of Edible Fats and which is classified as an Offensive Trade; the premises were maintained during the year without contravention of the requirements.

### **FOOD HAWKERS**

Under the provisions of the West Riding County Council (General Powers) ACT, 1951, we register food hawkers of one sort and another and at the end of the year we had 44 Food Hawkers and 13 Ice-cream vendors registered. These are inspected from time to time but no contraventions of any requirements were noted.

### **WATER SUPPLY**

The whole of the water used in this area is controlled by the Leeds Corporation and we do sample from time to time although it is true to say that less is done now than hitherto as the Leeds Corporation have their own Inspection and Sampling Departments.

We still suffer from lack of pressure in various housing sites in the district although it is only fair to say that the Corporation do all in their power to provide an adequate supply of water, but the demand on some of the mains makes temporary shortages unavoidable.

## STAFF

The earlier part of the Report gives details of the staff employed in the Health Department and we have been at full strength, that is two qualified Inspectors in addition to myself, a trainee Inspector and one female clerical assistant.

The Trainee, J.P. Smith, becomes more useful as time goes on but much of his time is spent away at school, a requirement which will continue in a lessening degree, for the whole of the four years he is training.

In the early part of October I had the misfortune to suffer an accident at home which resulted in my being in hospital for one month and during this time the whole of the staff, under the guidance of Mr. Idle, kept the office going in its usual manner although there were, I know, heavy demands on their services and their private time. For this help I was and am extremely grateful.

## STATISTICAL RECORD

As is usual, I append a list showing in numerical form the number and types of visits we have made. Although the visits, which may vary from a few minutes to half a day or more in length do have some relation year by year to the previous ones, they do not in fact do more than indicate just how our time is used and if you divide the total number of visits, 7,166, by the total possible working hours you will see that this works out at something like 10 visits per Inspector per working day.

Appended also is a summary of the type of works which were carried out in response to our requests.

## VISITS AND INSPECTIONS:

Clean Air Act	635
Demolition of houses and buildings	195
Factories and Workshops	20
Food Examination	270
Food Premises	26
Hairdressers & Barbers	3
Housing Acts	671
Housing Acts (Reinspections)	767
Infectious Diseases	9
Offensive Trades	4
Petroleum Storage	56
Plant Maintenance	207
Prevention of Damage by Pests Act	729
Public Cleansing Services	323
Public Conveniences	332
Public Health Acts	1,057
Public Health Acts (Reinspections)	353
Sanitary Accommodation (Conversions or Improvements	5
Septic Tanks and Cesspools	3
Sewers and Drains Inspected	806
Sewers and Drains Tested	352
Shops Act	7
Shops Act (Hours of Closing)	1
Tents, Vans and Sheds	10
Vermin	12
Offices, Shops and Railway Premises	50
Noise Abatement	8
Public Advertising	10
Miscellaneous	254
	7,166

### Summary of Works carried out :

Ceilings repaired or replastered	6
Walls repaired or replastered	16
Windows repaired or renewed	13
Fireplaces repaired or renewed	6
Doors repaired or renewed	8
Sinks renewed	4
Sink waste pipes repaired or renewed	4
Roofs repaired	23
Chimney stacks repaired	13
Eavesgutters repaired or renewed	19
Rainwater pipes repaired or renewed	9
Walls repaired or repointed	5

To all the Chief Officers, in particular the Clerk of the Council and the Medical Officer, with whom I confer continually, I am grateful for their help and consideration and to the Chairman of the Health Committee, County Councillor Arthur Wright, B.E.M., who has been a source of support and encouragement for many years now and also to the members of the Health Committee, in particular, and the members of the Council in general, I am grateful for their support of my professional activities which I know sometimes run contrary to their individual desires and I tender my sincere thanks.

I am, Mr. Chairman and Members,

Your obedient Servant,

Thos. WILSON,  
Public Health Inspector





